		DELINEATION OF CLINICAL PRIVIL						
1 NAME (SE 550) (IDE	For use of this form, see AR 40-						
1. NAME C)F PROVIDE	R (Last, First, MI) 2. RAN	K/GRADE 3	3. FACILITY				
INSTRUCTI	ONS							
		ne appropriate provider code in the column mar	rked "REQUES	STED" <u>. Eac</u> l	n category and/or individual privilege listed must			
be coded. I	For procedu	res listed, line through and initial any criteria/ap	oplications the	at do not app	ply. Your signature is required at the end of			
Section I. (Once approv	ved, any revisions or corrections to this list of p	orivileges will	require you	to submit a new DA Form 5440.			
SUPERV	'ISOR: Revi	ew each category and/or individual privilege co	ded by the pr	rovider and e	enter the appropriate approval code in the			
column mar	rked "APPRO	OVED". This serves as your recommendation t						
recommend	lation and si	gnature are required in Section II of this form.						
GENER <i>F</i>	AL: The Ger	neral Medical Officer (GMO) is trained at not les	ss than postg	raduate year	one (PGY-1), but has not yet completed a			
		gnment of clinical privileges will be based on ed						
-	g, examinati	on, assessment, and management of patients v	with general r	medical, surg	gical, obstetrical, pediatric, and mental health			
problems.								
The GM	O will mana	ge routine and emergent medical conditions co	nsistent with	his/her train	ing, and will refer more complex patients to			
specialty m	edical care.	Consultation will be obtained from specialists	before initiati	ing elective o	care of patients with more serious or			
complicated	d illnesses, c	or major injuries. In an emergency, the GMO w	ill do all in his	s/her power				
<u> </u>		PROVIDER CODES		SUPERVISOR CODES				
	-	etent to perform		1 - Approved as fully competent				
		n requested (Justification attached)		2 - Modification required (Justification noted)				
	Supervision	•		3 - Supervision required				
	•	ted due to lack of expertise		4 - Not approved, insufficient expertise				
5 -	Not reques	ted due to lack of facility support/mission SECTION I - CLI			ved, insufficient facility support/mission			
Requested	Approved	SECTION 1 - CLI		Approved				
nequested	Approved	a. Perform history and physical examination	nequesteu	Approved	f. Manage uncomplicated conditions of the:			
1		to include pelvic, genitourinary, and rectal						
<u> </u>		examination.			(1) Respiratory tract			
1		b. Order and initially interpret diagnostic			(2) Gastrointestinal tract			
 		tests and procedure results, to include:	-		(3) Genitourinary tract			
 		(1) Basic EKGs			(4) Musculoskeletal system			
		(2) Diagnostic laboratory tests			(5) Cardiovascular system			
1		(3) Radiological tests (including contrast material) which do not require			(6) Skin			
		hospitalization			(7) Special senses			
		(4) Basic radiographical films (skull, spine,	,		g. Initially stabilize and manage conditions, to			
L		chest, abdomen and extremities)			include:			
		(5) Other (Specify)			(1) Altered level of consciousness			
					(2) Suspected cervical injury			
					(3) Uncomplicated pneumothorax (with			
		c. Manage drug and/or fluid therapy for acute	= e		or without tension)			
		and chronic common illnesses not			(4) Acute hypotension or hypertension			
<u> </u>		requiring hospitalization.	_		(5) Animal, insect, or human bites (with			
		(1) Initiate therapy, as appropriate			appropriate referral for hand injuries)			
		(2) Continue therapy initiated by a			(6) Heat or cold injury			
 		consultant			(7) Minor burns			
1		d. Administer anesthetic agents, such as:			(8) Caustic ingestion			

(1) Local and digital block anesthesia

e. Perform emergency resuscitation, stabilization and management.

(1) Nasotracheal intubation(2) Orotracheal intubation

(2) Other (Specify)

(3) Defibrillation

(9) Allergic disorders (e.g., asthma, urticaria, sinusitis/rhinitis)

h. Perform general medical procedures appropriate to a clinic setting, to include:

(1) Central venous access

(2) Venous cutdown

(10) Other (Specify)

CLINICAL PRIVILEGES (Continued)							
Requested	Approved			Requested	Approved		
		(3)	Interosseous infusion			((7) Vasectomy
		(4)	Lumbar puncture			((8) Other (Specify)
		(5)	Gastric cannulation and lavage				
		(6)	Anoscopy				
		(7)	Thoracostomy				Perform initial and emergency manage-
		(8)	Other (Specify)				ment of musculoskeletal trauma, minor or major, pending transfer, to include:
						(Suture digital/extremity lacerations not involving nerve, tendon, or vessel
			lluate and treat minor dermatological aditions, to include:			(repair (2) Provide non-surgical management of
		(1)	Recommend shaving profile				neck and back pain
		(2)	KOH prep				(3) Aspirate and/or inject joints
			Wart removal Shave biopsy			((4) Initial management (including casting) of closed orthopedic injuries, with referral
			Topical drug therapy			((5) Closed reduction of digits, shoulder, or hip (with immediate consultation)
		(6)	Skin infection				(6) Other (Specify)
		(7)	Other (Specify)			'	(d) Other (specify)
							0.1
			lluate and treat minor GYN problems,				Other (1) Triage and manage mass casualty
			nclude:			'	situations per disaster plan
			Perform bimanual pelvic exam, Pap smear, breast exam			((2) With Flight Surgeon, plan and conduct medical air-evacuation of patients
			Treat pelvic inflammatory disease			((3) Supervise the administration of
		(3)	Prescribe oral contraceptives				immunizations/vaccines
		(4)	Remove intrauterine device (IUD) Other (Specify)				(4) Supervise/conduct Soldier Readiness Processing (SRP)
							(5) Serve as profiling officer IAW AR 40-501
			form minor surgical procedures, propriate to a clinic setting, to include:			((6) Provide health maintenance and disease prevention teaching and counseling
			Incision and drainage (I&D), simple abscess			((7) Conduct occupational medicine surveillance
		(2)	I&D external thrombotic hemorrhoids,				(8) Provide routine prenatal care
			pilonidal cyst, with referral as			((9) Perform emergency childbirth
		/01	Appropriate			((10) Care for infants under two years of
			Manage infected ingrown nails Excision of superficial subcutaneous				age
			lesions for pathologic study			((11) Other (Specify)
			Excision of foreign bodies from exposed and/or superficial soft tissue				
		(6)	Suture skin and superficial lacerations (except eyelid, ear, lip, central face, palm of hand)				
COMMENT	S	1	· ·	+	L	1	

COMMENTS (Continued)			
	SIGNATURE OF PROVIDER		DATE (YYYYMMDD)
SECTION II - SUP	ERVISOR'S RECOMMENDATION	N	
Approval as requested Approval with Modifica	tions (Specify below)	Disapproval (Specify below)	
COMMENTS			
DEPARTMENT/SERVICE CHIEF (Typed name and title)	SIGNATURE		DATE (YYYYMMDD)
DELIVATION OF STILL PROPERTY AND LARCE	SIGNATORE		DATE (TTTTIMINOD)
	COMMITTEE/FUNCTION RECON	IMENDATION	
Approval as requested Approval with Modifica	tions (Specify below)	Disapproval (Specify below)	
COMMENTS			
COMMITTEE CHAIRPERSON (Name and rank)	SIGNATURE		DATE (YYYYMMDD)